

GRANT OFFICE USE ONLY

Notification to ITS:

Initials:

# GRANT AWARD APPROVAL FORM

RECEIVED

SEP 24 2003

DEPUTY SUPERINTENDENT

1. Official Name of Grant Program:

Date of SBE approval of grant criteria 8/8/02

2003 - 04 Supplemental Educational Service Providers  
(years) (title)

☐ Initial ☒ Amendment ☐ Continuation  
(type)

Legislation Authorizing this Grant Program:

☐ Federal Grant CFDA Number ☐ State Grant ☐ Other (Private, Foundation)

2. Type and Purpose of Grant Program: (check one)

Title I of NCLB requires state educational agencies to approve providers of supplemental educational services and to maintain and disseminate an approved list. Parents select providers from the state-approved list. Criteria for supplemental educational service providers were approved by the State Board of Education on August 8, 2002.

☐ Competitive  
☐ Formula  
☒ Other

Approval of Providers  
(specify)

3. SBE Priorities and Policies that this Grant Program Supports: (check all that apply)

Priorities

☒ Integrating Communities and Schools

☐ Elevating Educational Leadership

☒ Embracing the Information Age

☐ Ensuring Early Childhood Literacy

☐ Ensuring Excellent Educators

Policies

☐ Bullying

☐ Character Education

☒ Creating Effective Learning Environments

☒ Family Involvement

☐ Safe Schools

☐ Other

(specify)

4. Grant Categories (If not described in Item 2): ☒ NOT APPLICABLE

5. Target Population to be Served by Grant:

Low-income students who are enrolled in Title I schools that have not made adequate yearly progress for three consecutive years.

6. Total Funds Awarded:

Not Applicable

7. Eligible Applicants:

Non-profit entities, for profit entities, institutions for higher education, intermediate school districts and local school districts that provide supplemental educational services in accordance with the State Board of Education approved criteria.

8. Description of Priorities Given to Any Specific Population or Location: ☐ NOT APPLICABLE

If funding or service providers are not available for all eligible students, priority is given to the lowest-achieving eligible students.

9. Grant Administration:

Office  
Office of Field Services

Unit  
Central Support

Contact  
Linda Brown

Phone  
517-373-3921

9209  
447



|                                  |  |                      |
|----------------------------------|--|----------------------|
| 10. OFFICE                       | Office Director Approval Signature: <u><i>John Bean</i></u><br>Phone: <u>33668</u> Comments: _____ | Date: <u>9-16-03</u> |
| 11. BUDGET OFFICE                | Budget Office Approval Signature: <u><i>N/A</i></u><br>Comments: _____                             | Date: _____          |
| 12. GRANTS OFFICE                | Grants Office Approval Signature: <u><i>Mary Ann Chartrand</i></u><br>Comments: _____              | Date: <u>9-16-03</u> |
| <i>Exhibit C is not required</i> |  |                      |
| 13. DEPUTY SUPERINTENDENT        | Deputy Superintendent Approval Signature: <u><i>Jeremy M Hughes</i></u><br>Comments: _____         | Date: <u>10-3-03</u> |
| 14. SUPERINTENDENT               | Superintendent Approval Signature: <u><i>JW</i></u><br>Comments: _____                             | Date: <u>10-7</u>    |

### INSTRUCTIONS:

- A. Complete items 1-10 on this form. The Grants Administration Unit will facilitate completion of items 11-14.
- B. Attach three (3) sets of Exhibits A, B, and C.  
 Exhibit A---List of applicants (alphabetical order) recommended for funding, the amount requested, the amount recommended, and a three to five sentence abstract of the proposal.  
 Exhibit B---List of applicants (alphabetical order) not recommended for funding and the amount each requested.  
 Exhibit C---Map of Michigan indicating the location of recommended applicants.
- C. Attach the grant award letters for the Superintendent's signature and the non-award letters for the Service Area Director's signature. The letters should be submitted in the same order given in Exhibit A and/or B. For each final Grant Award Notification letter, a Grant Award Notification form (yellow sheet) also needs to be submitted for the Superintendent's signature.
- D. Transmit Grant Award Approval Form (pink), attachments, and letters to the Grant Administration Unit.



# **Recommended Supplemental Educational Service Providers**

## **September 26, 2003**

Attachment A

Capital Area Literacy Coalition  
1028 East Saginaw  
Lansing, MI 48906-5518  
517-485-4949

EdSolutions, Inc.  
131 Belle Forest Circle, Suite 210  
Nashville, TN 37221  
615-673-6917

Jackson Public Schools  
105 E. Michigan Avenue  
Jackson, MI 49202  
517-841-2147

Macomb ISD  
44001 Garfield Road  
Clinton Township, MI 48038  
586-228-3470

Washtenaw ISD  
1819 S. Wagner Road  
Ann Arbor, MI 48106-1406  
734-994-8100

Wayne-Westland Community Schools  
36745 Marquette  
Westland, MI 48185  
734-419-2096



**Supplemental Educational Service Provider Applications  
That Were Not Recommended for Approval  
September 26, 2003**

**International Network for Vocational Educational Skills Training  
25228 West 12 Mile Road  
Southfield, MI 48034  
248-357-4500**

**\* School District of the City of Pontiac  
47200 Woodward Avenue  
Pontiac, MI 48342  
248-451-7551**

**\* Willow Run Community Schools  
2171 E. Michigan Avenue  
Ypsilanti, MI 48198  
734-481-8200**

- \* The applicant district submitted an approvable application to become a supplemental educational service provider, but they cannot be recommended for approval because the district did not make Adequate Yearly Progress (AYP) in 2001-02.**